

Add/Remove Certified Application Assistant (CAA)

Please call EE/CAA Liaison Help Line at (800) 279-5012 with any questions.



SECTION 1		Existing Enrollment Entity (EE) Information		
Existing Enrollment Entity Information	Organization Name			Enrollment Entity (EE) Number (5 digits)
	Authorized Contact		Signature of Authorized Contact	
	Primary Phone (plus extension, if any) ()	Fax ()	E-Mail Address	
	Service Location Address		City	State/Zip
SECTION 2		Add or Remove a Certified Application Assistant (CAA)		
New/Existing Certified Application Assistant Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	First Name		Last Name	
	E-Mail Address		Phone (plus extension, if any) ()	Effective Date
	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	First Name		Last Name	
	E-Mail Address		Phone (plus extension, if any) ()	Effective Date
	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	First Name		Last Name	
	E-Mail Address		Phone (plus extension, if any) ()	Effective Date
	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	First Name		Last Name	
	E-Mail Address		Phone (plus extension, if any) ()	Effective Date
	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	First Name		Last Name	
	E-Mail Address		Phone (plus extension, if any) ()	Effective Date
	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No	

Mail to: Healthy Families Program, EE/CAA Liaison, 625 Coolidge Dr. Suite 100, Folsom, CA 95630
or fax to: (916) 673-4500 Attn: EE/CAA Liaison